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# MASSACHUSETTS DEPARTMENT OF REVENUE

## MONTHLY SALES/USE TAX ON SERVICES RETURN

DOR USE ONLY

FEDERAL ID NO.

FOR MONTH

IF NOT CORRECT, CHANGE HERE AND ON REVERSE

DO NOT ALTER

BUSINESS NAME

BUSINESS ADDRESS

CITY/TOWN

STATE

ZIP

Return is due with payment on or before the 20th day of the month following the month indicated above. Make check or money order payable to Commonwealth of Massachusetts **You should file this form even though no tax may be due. Mail to: Mass. Dept. of Revenue, P.O. Box 7015, Boston, MA 02204.**

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

SIGNATURE

TITLE

DATE

1. GROSS SALES OF SERVICES

2. SALES FOR RESALE/ EXEMPT SALES OR OTHER ADJUSTMENTS

3. TAXABLE SALES (LINE 1 MINUS LINE 2; NOT LESS THAN ZERO)

4. USE TAX PURCHASES

5. TOTAL TAXABLE AMOUNT (ADD LINE 3 AND LINE 4)

6. TOTAL TAXES (LINE 5  $\times$  .05)

7. PENALTY

8. INTEREST

9. TOTAL AMOUNT DUE (ADD LINES 6, 7 AND 8)

IF THIS IS A FINAL RETURN, INDICATE REASON:

☐ BUSINESS DISCONTINUED   ☐ CHANGE IN ORGANIZATION   ☐ BUSINESS TRANSFERRED   ☐ BUSINESS SOLD

☐ OTHER \_\_\_\_\_ LAST DATE OF BUSINESS \_\_\_\_\_

IF BUSINESS WAS SOLD OR ITS OWNERSHIP CHANGED, COMPLETE THE FOLLOWING:

NAME OF NEW OWNER \_\_\_\_\_

ADDRESS OF NEW OWNER \_\_\_\_\_

DATE OF TRANSFER \_\_\_\_\_

IF ANY OF THE FOLLOWING HAS CHANGED, ENTER NEW INFORMATION:

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_ DATE OF CHANGE \_\_\_\_\_

